

**Provider Inspection Summary**

For the period 06/01/2003 to 05/31/2006  
Community Based Residential Facility  
CLASS CNA (NONAMBULATORY)

STATE OF WISCONSIN  
Bureau of Quality Assurance  
P.O. Box 2969  
Madison WI 53701-2969

**Facility Information**

**Facility Name:** COUNTRY TERRACE BLACK RIVER FALLS (0010113)

**Address:** 525 E SECOND ST, BLACK RIVER FALLS, WI 54615

**License Status:** REGULAR

**Licensed/Certified/Registered** 02/01/2004

**Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4752

**Survey History**

**Survey ID:** 0096547      **End Date:** 01/31/2006      **Type:** STANDARD      **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #10009773    Served 03/10/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.13(5)(a)	INFECTION CONTROL PROGRAM		
83.32(2)(a)	INDIVIDUALIZED SERVICE PLAN-SCOPE		
83.33(3)(b)2.a	MEDICATIONS SHALL HAVE A LABEL		
83.35(1)(f)	FOOD GUIDE PYRAMID		

**Survey ID:** 0095841      **End Date:** 09/20/2005      **Type:** ABBREVIATED      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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**Survey ID: 0095473      End Date: 08/01/2005      Type: OTHER      Purpose: COMPLAINT**

**Results: STATEMENT OF DEFICIENCY ISSUED**

**Statement of Deficiency: #10009752    Served 08/29/2005**

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(o)	MEDICATIONS		
83.21(4)(w)	SAFE ENVIRONMENT		
83.53(1)(a)	NUMBER & TYPES OF EXITS & PASSAGEWAYS		

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**Survey ID: 0092217      End Date: 02/06/2004      Type: OTHER      Purpose: OTHER**

**Results: LICENSE/CERT/REGISTRATION ISSUED**

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**Survey ID: 0091234      End Date: 09/16/2003      Type: STANDARD      Purpose: SURVEY**

**Results: ENFORCEMENT ACTION**

**Statement of Deficiency: #10006296    Served 10/14/2003**

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.16(1)	ADMISSIONS AGREEMENT	02/06/2004	Yes
83.21(4)(g)	FAIR TREATMENT	02/06/2004	Yes
83.21(4)(o)	MEDICATIONS	02/06/2004	Yes
83.33(2)(a)	SUPERVISION	02/06/2004	Yes
83.33(2)(g)3	CBRF ARRANGE HEALTH VISITS AND DOCUMENT	02/06/2004	Yes

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For the period 06/01/2003 to 05/31/2006  
Community Based Residential Facility  
CLASS CNA (NONAMBULATORY)

**Enforcement History**

**Date: 03/08/2006      SOD #10009773      Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
COMPLY WITH REQUIREMENT  
FORFEITURE---83.35(1)(f)

**Date: 10/09/2003      SOD #10006296      Appealed: No**

Sanctions

COMPLY WITH FACILITY PLAN OF CORRECTION  
PROVIDE TRAINING  
FORFEITURE---83.21(4)(g)  
FORFEITURE---83.21(4)(o)  
FORFEITURE---83.33(2)(a)  
FORFEITURE---83.33(2)(g)3

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**Provider Inspection Summary**

For the period 06/01/2003 to 05/31/2006  
Community Based Residential Facility  
CLASS CNA (NONAMBULATORY)

**Complaint History**

**Date Complaint Received: 01/17/2006**

**Date Investigation Completed: 01/31/2006**

Subject Area(s)  
MEDICATIONS

Result  
SUBSTANTIATED

SOD #  
10009773

**Date Complaint Received: 09/13/2005**

**Date Investigation Completed: 09/20/2005**

Subject Area(s)  
SUPERVISION  
HOMELIKE ENVIRONMENT & CLEANLINESS  
NUTRITION & FOOD SERVICES  
PROGRAM SERVICES

Result  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 07/26/2005**

**Date Investigation Completed: 08/01/2005**

Subject Area(s)  
PHYSICAL PLANTS & SAFETY HAZARDS  
HOMELIKE ENVIRONMENT & CLEANLINESS  
MEDICATIONS  
STAFF ADEQUACY  
PROGRAM SERVICES

Result  
SUBSTANTIATED  
NOT SUBSTANTIATED  
SUBSTANTIATED  
NOT SUBSTANTIATED  
SUBSTANTIATED

SOD #  
10009752  
  
10009752  
  
10009752

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